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FACSIMILE TRANSMITTAL

TO:**Name:** Mail Stop AMENDMENT
(Group Art Unit 3731/Examiner U. Ho)**Firm:** U.S. Patent & Trademark Office**Fax No.:** 703-872-9306**Subject:** U.S. Patent Application No. 10/692,545
Gary K. Michelson, M.D.
Filed: October 24, 2003
DISTRACTOR FOR USE IN SPINAL SURGERY
Attorney Docket No. 102.0003-05000
Customer No. 22882
Confirmation No.: 1113**FROM:****Name:** Thomas H. Martin, Esq.**Phone No.:** 330-877-2277**No. of Pages (including this):** 17**Date:** September 10, 2004**Confirmation Copy to Follow:** NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$334.00 additional claims fee to be charged to Deposit Account No. 50-1068), Amendment, and Fourth Request for Interference Under 37 C.F.R. § 1.604 are being facsimile transmitted to the U.S. Patent and Trademark Office on September 10, 2004.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0003-05000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 10/692,545

Filed: October 24, 2003

For: DISTRACTOR FOR USE IN SPINAL
SURGERY

Confirmation No. 1113

(Group Art Unit: 3731)

(Examiner: U. Ho)

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a ***month extension of time to respond to the above office action.
- ☒ A Fourth Request for Interference Under 37 C.F.R. § 1.604 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	49	-	40	**	9	LG=\$18 SM=\$9	\$18	\$ 162.00
INDEPENDENT CLAIMS FEE	10	-	8	***	2	LG=\$36 SM=\$43	\$86	\$ 172.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$145		\$ -0-	
TOTAL								\$ 334.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ An additional claims fee in the amount of \$334.00 is to be charged to Deposit Account No. 50 1068.
- ☐ A check in the amount of \$___ to cover the three month extension of time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: September 10, 2004

By: 
Thomas H. Martin
Registration No. 34,3831557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: (330) 877-0700
Facsimile: (330) 877-2030

FORM PTO-1083

Attorney Docket No.: 102.0003-05000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 10/692,545

Filed: October 24, 2003

For: DISTRACTOR FOR USE IN SPINAL
SURGERY

Confirmation No. 1113

(Group Art Unit: 3731)

(Examiner: U. Ho)

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1460

Alexandria, VA 22313-1450

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TOTAL CLAIMS FEE	49	-	40 **	9	LG=\$18 SM=\$9	\$ 182.00
INDEPENDENT CLAIMS FEE	10	-	8 ***	2	LG=\$86 SM=\$43	\$ 172.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ -0-
TOTAL						\$ 334.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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MARTIN & FERRARO, LLP

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Hartsville, Ohio 44632
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PATENT
Attorney Docket No. 102.0003-05000
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In re Application of:)	Confirmation No. 1113
Gary K. Michelson, M.D.)	
Serial No.: 10/692,545)	(Group Art Unit: 3731)
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

AMENDMENT

Prior to the examination of the above-identified application, the following amendments and remarks are submitted:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.

Amendment 9-10-04.doc